

Accepted copy must be at work site!

1. Contractor	2. Contract Name & No.		3. Date
4. Project Superintendent	5. Shift/day	5a. Hours/shift	5b. Maximum employees/shift
5c. Describe major scope of work and location!			
6a. TRAINING - List subjects to be discussed with employees in safety indoctrination.			
6b. TRAINING - List mandatory training and certifications which are applicable to this project (e.g., explosive actuated tools, confined space entry, crane operator, diver, vehicle operator, boat captains etc.)			
6c. List major equipment i.e. cranes, dozers, vessels etc.			
6d. List special equipment i.e. radioactive equipment(Moisture Density Gage) etc.			
7. Responsibility & Authority - Who is responsible for safety?			
Project:	Corporate:	Line of Authority?	
8. Who will conduct safety inspection?	8a. How	8b. When	
9a. Is safety & health policy attached?	9b. Is safety program attached?	9c. Day & hour weekly safety meeting	

[illegible]

11. What are their safety responsibilities?

12. Who will report accidents, exposure data?

13. MEDICAL SUPPORT. Outline on-site medical support and off-site medical arrangements.

[illegible][illegible]

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On a separate sheet submit your proposed layout of temporary buildings and facilities (including subcontractors) and traffic patterns including access roads, haul roads, R.R.s. utilities, etc.

The _____ will pursue a positive program of training,, inspections
(Company)
and hazard control throughout the term of this contract. Mr./Ms. _____ has
the responsibility and authority for enforcing them.

Contractor's Signature

Date

C.O.R. Signature and Date